



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

October 13, 2006

Lisa Adams, Administrator
Highland Estates
2050 Hiland Ave
Burley, ID 83318

FILE COPY

License #: RC-533

Dear Ms. Adams:

On September 7, 2006, a life safety code survey was conducted at Highland Estates. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Residential Community Care Program

EM/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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September 13, 2006

FILE COPY

Lisa Adams, Administrator
Highland Estates
2050 Hiland Ave
Burley, ID 83318

Dear Ms. Adams:

On September 7, 2006, a life safety code survey was conducted at Highland Estates. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 7, 2006.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R533	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED 09/07/2006
NAME OF PROVIDER OR SUPPLIER HIGHLAND ESTATES		STREET ADDRESS, CITY, STATE, ZIP CODE 2050 HILAND AVE BURLEY, ID 83318		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on Sept 7, 2006. The surveyors conducting the survey were:</p> <p>Eric Mundell Team Leader Health Facility Surveyor</p> <p>Chris Laumann Fire/ Life Safety Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

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If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Highland Estates</i>	Physical Address <i>2050 Highland Ave</i>	Phone Number <i>(208) 678-4411</i>
Administrator <i>Lisa Adams</i>	City <i>Burley</i>	ZIP Code <i>83318</i>
Survey Team Leader <i>Chris Laumann</i>	Survey Type <i>Fire Life Safety</i>	Survey Date <i>7 Sept 2006</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.405.01	Electrical: electrical panels blocked by boxes and shelves in Storage room.	
2	16.03.22.405.01.8	Electrical: extension cords found in rms 34, 39, and 22 multi plug adapter found in rm. 13	
3	16.03.22.405.03	Medical gases: Oxygen bottles stored in Rm 11 on shelf	
4	16.03.22.415.01	maintenance & Sprinklers sprinkler head blocked by tape located in closet of room 60	
5	16.03.22.402.	Storage heights - mechanical room storage of boxes next to water heaters (gas fired)	
		Storage heights: boxes in Storage room stacked to ceiling in middle of room to a height within 6 in of ceiling.	
		means of egress (smoke proof) egress plates missing and loose in S. hallway. Penetrating smoke resistant rating of S. corridor.	
		Exit sign illumination exit sign back up lighting 1000 in S E hallway sign location.	

Response Required Date

Signature of Facility Representative

7 October 2006

Lisa Hylton, RN